



WASHINGTON MOTOR VEHICLE FUEL EXPORTER TAX RETURN

ME

Fuel Tax Section
PO Box 9048
Olympia WA 98507-9048
(360) 664-1852

A. REPORTING PERIOD Year: _____ Month: _____		FOR VALIDATION ONLY -- 108-030-115-0001	
B. <input type="checkbox"/> No Operations this period <input type="checkbox"/> Amended Return <input type="checkbox"/> Late Return <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change			
C.		VALIDATED POSTMARK DATE	
		D. Cancel license Effective Date _____	
Account #			
1 Total exported fuel received (total from Schedule A on reverse)		1	
2 Tax exempt gallons (total from Schedule B on reverse)		2	
3 Tax paid purchases (Schedule A, line A1)		3	
4 Net taxable or credit gallons (line 1 - line 2 - line 3)		4	
5 Motor Vehicle fuel tax (line 4 x tax rate)	5		
6 Penalty after 25th of month (line 5 x 2%)	6		
7 Sum of line 5 + line 6	7		
8 Interest (line 7 x 1%)	8		
9 Total fuel tax liability (line 7 + line 8)	9		
10 Previous payments (Amended returns only)	10	()	
11 If total of lines 9 - 10 is greater than zero, amount owed	11		
12 If total of lines 9 - 10 is less than zero, net refund amount	12	()	
EFT payment			

PLEASE RETAIN A COPY OF THIS TAX RETURN FOR YOUR RECORDS

SIGNATURE REQUIRED

I understand and agree to the record keeping requirements for this return. I certify under penalty of perjury that this return is true, correct, and complete to the best of my knowledge.

Signature _____ Title _____
Print Name _____ Date _____ Phone () _____
Contact Name _____ Phone () _____

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Name _____ Account/License no. _____

SCHEDULE A - FUEL RECEIVED

A1 Exported gallons received tax paid *	A1	
A2 Non-taxed exports from Washington licensed Suppliers *	A2	
A3 Other ** (explain)	A3	
Total fuel received (sum of lines A1 through A3)		

SCHEDULE B - TAX EXEMPT GALLONS

B1 Own export sales *	B1	
B2 Other ** (explain)	B2	
Total Exempt gallons (sum of lines B1 through B2)		

* Support schedule required

** One support schedule for each category required